

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XGG0

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

6/345/3	ment No-	ρ					
Establishment Name Rondrynne Kitchy				Telephone Number	Date of Inspect	tion PERMIT	
Establishment Address (number and street city state air and				812 924 7024	(mm/dd/yr)		
37 Bmk St. (Swik II) New Albert IN 47150					5/28/2	20   19-257	
		10000	100 HISTO	502 819 2758			
Stack Bate				Purpose:	Follow-up	w-up Release Date	
Owner's A	ddress			Routine			
				2. Follow-up	Summary of Violations:		
Person in	Charge	_		3. Complaint	1		
Responsible Person's E-mail  Certified Food Manager  Stacic Bate (2/20/21)				4. Pre-Operational	C NC R           Menu Type (See back of page)           1 2 3 X 4 5		
				5. Temporary			
				6. HACCP			
				7. Other (list)			
CRITICAL	Treme	7 - / - / 4	O IN THE CHECKLIST AND NARRATIVE C				
ection#	C/NC	R	REVIOUS INSPECTIONS ARE DENOTED I	IN THE "SUMMARY OF VIOLATIONS" A rative			
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